

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 7
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016	
Mailing Address 2000 Franklin Street		Amount 220.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D692894
Purpose of Expenditure Site rental	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 13 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 44328.85		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Campaign Workshop		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 15 / 2016	
Mailing Address 1129 20th Street, Suite 200		Amount 42000.00	
City Washington	State DC	Zip Code 20036	Transaction ID : D692895
Purpose of Expenditure Printing	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 13 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 44328.85		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	42220.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carolyn Hietamaki

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Date

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01 / 15 / 2016

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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Campaign Workshop		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 15 / 2016	
Mailing Address 1129 20th Street, Suite 200		Amount 28000.00	
City Washington	State DC	Zip Code 20036	Transaction ID : D692898
Purpose of Expenditure Printing	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 13 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: NV	
Calendar Year-To-Date Per Election for Office Sought 32199.45		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Clear Channel Outdoor		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 28 / 2015	
Mailing Address PO Box 591790		Amount 1400.00	
City San Antonio	State TX	Zip Code 78259-0139	Transaction ID : D692899
Purpose of Expenditure Printing	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 13 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: NV	
Calendar Year-To-Date Per Election for Office Sought 32199.45		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	29400.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016	
Mailing Address 2000 Franklin Street		Amount 400.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D692900
Purpose of Expenditure Site rental	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 13 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: NV	
Calendar Year-To-Date Per Election for Office Sought 32199.45		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 15 / 2016	
Mailing Address 945 Camelia St		Amount 627.83	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D692896
Purpose of Expenditure Printing	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 14 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: IA	
Calendar Year-To-Date Per Election for Office Sought 44328.85		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1027.83
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 13 / 2016	
Mailing Address 2000 Franklin Street		Amount 220.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D692897
Purpose of Expenditure Site rental	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 14 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: IA	
Calendar Year-To-Date Per Election for Office Sought 44328.85		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 13 / 2016	
Mailing Address 2000 Franklin Street		Amount 400.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D692901
Purpose of Expenditure Site rental	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 14 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: NV	
Calendar Year-To-Date Per Election for Office Sought 32199.45		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	620.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 14 / 2016	
Mailing Address 945 Camelia St		Amount 1165.66	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D692902
Purpose of Expenditure Printing	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 14 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: NV	
Calendar Year-To-Date Per Election for Office Sought 32199.45		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Bus Bank		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 15 / 2016	
Mailing Address 820 West Jackson Suite 815		Amount 14124.00	
City Chicago	State IL	Zip Code 60607	Transaction ID : D692905
Purpose of Expenditure Bus tour expenses	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 14 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC	
Calendar Year-To-Date Per Election for Office Sought 15415.61		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	15289.66
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 15 / 2016	
Mailing Address 945 Camelia St		Amount 833.79	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D692903
Purpose of Expenditure Printing	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 15 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: NV	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 15 / 2016	
Mailing Address 945 Camelia St		Amount 1261.02	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D692904
Purpose of Expenditure Printing	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 15 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: IA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2094.81
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 15 / 2016	
Mailing Address 945 Camelia St		Amount 1291.61	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D692906
Purpose of Expenditure Printing	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 15 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC	
Calendar Year-To-Date Per Election for Office Sought 15415.61		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: State:	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1291.61
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	91943.91

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